

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G90745 (2)**
1. Corporation Name
TOP NOTCH AUTOBODY, INC.



Principal Place of Business: % MICHAEL J. COHEN, 517 SW FIRST AVENUE, FT LAUDERDALE FL 33301
Mailing Address: % MICHAEL J. COHEN, 517 SW FIRST AVENUE, FT LAUDERDALE FL 33301

2. Principal Place of Business: 21 Top Notch Autobody Inc, State Apt. # etc: 22 149 S.E. and ST., City & State: 23 Deerfield Beach, FL., Zip: 24 33441, Country: 25 USA
2a. Mailing Address: 26 149 S.E. and ST., State Apt. # etc: 27 Deerfield Beach, City & State: 28 FL., Zip: 29 33441, Country: 30 USA

3. Date Incorporated or Qualified: 02/09/1984
3a. Date of Last Report: 03/15/1995
4. FEI Number: 59-2385810
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing Trust Fund Contribution: \$8.75 Additional Fee Required, \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No
9. Name and Address of Current Registered Agent

COHEN, MICHAEL J.
517 SW FIRST AVENUE
FT LAUDERDALE FL 33301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.042 and 607.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0425, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	PVT	<input type="checkbox"/> DELETE
NAME	CALI, FRANK	
STREET ADDRESS	920 SE 12TH TERRACE	
CITY-STATE-ZIP	DEERFIELD BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CALI, MARIE F.	
STREET ADDRESS	920 SE 12TH TERR.	
CITY-STATE-ZIP	DEERFIELD BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '12

17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
25 TITLE	
26 NAME	
27 STREET ADDRESS	
28 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 TITLE	
30 NAME	
31 STREET ADDRESS	
32 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
33 TITLE	
34 NAME	
35 STREET ADDRESS	
36 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
37 TITLE	
38 NAME	
39 STREET ADDRESS	
40 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is true, lawful and does not apply for the exemption stated in Section 119.073(4), Florida Statutes. I further certify that the information included on this form is a report or supplemental report and report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or trustee or trustee in process to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change of or on an attachment with an address.

SIGNATURE: *Frank Cali* FRANK CALI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/96 954 (305) 426-8880

CR2E034 (12/95)